



"People  
helping people  
help  
themselves"

Mitchell E. Daniels, Jr., Governor  
State of Indiana

**Division of Mental Health and Addiction**  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739  
317-232-7800  
FAX: 317-233-3472

**Community Alternatives to Psychiatric Residential Treatment Facilities  
Demonstration Grant  
Provider Demographic Information**

Date of Application: \_\_\_\_\_

Circle One:      New Application      Additional Services      Additional Service Area

Legal Name (person or agency): \_\_\_\_\_

DBA (Doing Business As) if applicable: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County/Counties: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person (including title): \_\_\_\_\_

Email Address for Contact: \_\_\_\_\_

**Type of Provider Entity (circle one):**

Individual      Social Security Number: \_\_\_\_\_

Agency/Corporation      Federal Tax ID Number: \_\_\_\_\_

Medicaid Provider Number (if applicable): \_\_\_\_\_

**Return Completed Packets to:**

CA-PRTF Grant Certification  
Division of Mental Health and Addiction  
Indiana Family & Social Service Administration  
402 W. Washington St., W353  
Indianapolis, IN 46204-2739  
Confidential Fax: 317 233-1986

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